PHARMACY & THERAPEUTICS COMMITTEE

Meeting 07/02/2009

Chair: Dr Jay Batra

Present: Anne Jerman, Steve Barden, Richard Munson, Dr Ritvo, Sarah Merrill, Dena Weidman, Tommie Murray, Gordon Gieg, Deb Bard, Ilene Worcester, Leah

Absent: Tom Simpatico, Patrick Kinner, Brenda Wetmore, Ed Riddle, Terry Rowe, Fran Levine, Mary Beth Bizzari

No Public Members

P&T Meeting Minutes from 06-04-2009:

Reviewed by committee.

Motion to approve by Tommie Murray 2nd by Dr Munson All approved

ADR's:

Discussion:

13 ADRs reported this month. None had severity level of severe or higher. Increased reporting noted on B2 where S. Barden has been promoting reporting. *Action:*

• Continue to encourage reporting of ADRs

ADR Form:

Discussion:

A new form has been developed to report ADRs. The form includes more detailed information which is important for any investigation. Dr Batra & the Medical Staff discussed the ADR's at the Medical Staff Meeting 7/2/2009.

The form was discussed by the Committee. Slight modifications were suggested, and the form was approved by the Committee.

Action:

Discussion:

- Corrections to be made
- Form to K. Vasseur for formatting

- Form to Education for distribution to all staff with appropriate information
- Forms to be kept Locus book and file cabinet for ease of use

Nutritional Report:

Discussion:

Handout for reporting given to committee. 34 Nutritional Consults were performed in May. Primary reasons: weight gain. Diabetes, Food preference. D. Bard indicated Nursing has increased the number of consults and improvement w/ the nursing staff on the follow up. Notification to Nutrition by Pharmacy is also working well.

Action:

Committee review monthly

Other Business:

Hydralazine

<u>Discussion:</u> Patient with hypertension refusing medications and BP elevated to crisis level. Dr Batra investigated and found the only injectable anti-hypertensive is Hydralazine. This medication is currently not a Formulary medication. Dr Batra asking Committee if this is a medication that should be on hand at VSH and if so how much. Committee made motion to add this drug to the Formulary in quantities to be determined by Pharmacist

Action:

M. Bizzari notified to add medication to Formulary.

Immunization: Pneumococcal and Influenza

<u>Discussion:</u> CDC recommendations provided to Committee members. Dr. Batra provided information to the Committee to consider VSH population "at risk" despite age: -Patients with psychotic disorder / depression have cortisol levels which would be similar

- -Patients with psychotic disorder / depression have cortisol levels which would be similar to having received 60 mg of prednisone / day.
- -All patients with schizophrenia are to be considered immunocompromised
- -Patients with long lengths of stay are at risk due to the institutional impact
- L. Matteson discussed previous strategies and techniques to increase immunization rates for both patients and staff. Leah also described current potential for H1N1 Flu to mutate and become more severe. People who have had previous influenza vaccines appear to have some immunity to different strains of flu viruses.

Last year: 100 or 300 potential people received flu vaccine. Goal would be to increase. *Action*:

- If approved by Manager, L. Matteson will convene a group to create a viable plan for both immunizations for patients and for staff.
- Presentation of plan next month

Zyprexa DUE:

<u>Discussion:</u> Summary of findings handed out for review. Discussion of the alternatives including research which theorized other medication could counter-act the weight gain in

this class of meds. Dr. Batra felt the literature currently does not support any good alternative

The Committee discussed how to reliably ensure weights are monitored over time and Nutritional Consults are obtained.

Action:

Add a request for Nutritional Consult to all Zyprexa orders

Second Opinion:

Discussion: A. Jerman discussed a situation where patient had a PRN drug in one class ordered, and when it was ineffective, a different class of drug was ordered. The question is: Is a Second Opinion Form required in this type of situation? A couple of different thoughts on this process. Some perimeters need to be put in place, a process of when a 2^{nd} opinion is needed and how to go about it.

Action:

Discussion with Med Staff and report back next month

Medication Order Sheet & Protocols:

Discussion:

Action:

<u>Discussion:</u> Dr Batra indicated the forms needs some slight reformatting, then he will email the form out for all.

AIMS Scoring:

<u>Discussion:</u> 6 months of AIMS scores to be on just one sheet would improve ability to identify small changes over time

Action:

Action: Tommie is going to work w/ Steve B & Karen V to get this form in working order.

Medication Reconciliation Forms:

Discussion:

Patient medication intake, what they are taking at home, and will they have all that medication when they return home. Dr Batra indicated that FA has a form that is used for this matter, could take some effort w/ IT. A paper process does need to be created for this. Could word processing staff document. When a patient is discharged from VSH documentation of medication list to be given.

Action:

Anne J, Dr Batra, Sarah M, Ilene W & Wendy going to meet about how to move forward with this.

<u>MV</u>R:

<u>Discussion:</u> S. Merrill provided data regarding medication events. No events occurred which was Category F or higher. No patterns or trends noted.

Meeting adjourned at 3:50pm

Next meeting: Pending - (Right Side of the Library)

Agenda Draft:

• ADR: SM and JB

o June Report

Use of form

• MVR: SM

• Immunization Plan: LM

• DUE: JB / TM

• Nutritional Consult Report: DB

• Second Opinion Process Clarification: JB

• AIMS Tracking: SB / TM

• Medication Reconciliation: JB / AJ / SM/ WM / EW